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Statistically Speaking:
**Quality of Life Improves with Access to Choose: Easing Abortion
Restrictions Benefits Both Mother and Child, Especially for Families of
Color**

*Emma Knight**

I. INTRODUCTION

Debates about abortion tend to be framed as a strict dichotomy—mothers’ rights to privacy and bodily autonomy versus the rights of unborn children—but research indicates that abortion access provides wide-ranging benefits to families. Easier access to abortion is strongly correlated with improved economic and educational outcomes for mothers and children throughout both of their lifetimes, with even greater attainment for women and children of color. Access to abortion has been upheld as a fundamental right of women, especially where their health may be in danger. Nonetheless, many states across the country have enacted abortion restrictions, ranging from relatively accessible to severely restricted.

This article contends that states, Congress, and the courts should protect access to abortion, not only because it is a fundamental aspect of the right to privacy, but also because it has positive, concrete effects on the lives of women and their children. This article will first discuss the research demonstrating a strong link between abortion access and better economic and educational outcomes, particularly for Black, Indigenous, People of Color (BIPOC). It will then address Supreme Court precedent safeguarding abortion access for women. The article will conclude by discussing existing restrictions on abortion and calling for every level of government to increase abortion access.

II. THE RESEARCH ON ABORTION ACCESS

Access to abortion allows women to make a decision that research indicates will alter their lives in multiple ways. The Guttmacher Institute found that 73% of women who sought an abortion did so because they could not afford to raise a baby at the time of pregnancy, and 48% cited relationship problems or a lack of interest in single motherhood. Approximately 33% of the women also indicated that a child would interfere with their education or career plans. Four in ten of the women went on to have a child, and one out of three of those women reported that they were not ready to have a child at that point in their lives.

According to a longitudinal study that examined the effects of unintended pregnancy on women’s lives, women who sought an abortion and were denied one were more likely to experience serious complications during pregnancy, were more likely to stay in an abusive relationship, and had less aspirational life plans within the next year. For women and their children, access to abortion may affect their economic futures, especially

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in determining whether they can afford to attend or have the time for higher education and whether they can participate in the work force. Directly following the legalization of abortion in 1970, the overall number of women working forty hours a week increased, with Black women seeing an even greater increase.

Children also experience improved economic outcomes when their birth was desired by their mothers. Children who are born into families where their mother had access to an abortion are less likely to grow up in poverty and live in a single-parent household. Research has also found serious implications for children born into homes that were denied abortion access, including poor maternal bonding and higher rates of poverty, as well as negative effects on existing children in the home.

Access to abortion has even greater impacts on educational and economic attainment for BIPOC mothers. After abortion was legalized, high school graduation rates, college attendance, and participation in the work force greatly increased for women of color. The high school graduation rate for Black men also improved following the legalization of abortion, indicating better attainment for Black mothers, fathers, and their children. However, BIPOC mothers still face greater difficulty receiving both abortion and reproductive health access compared to their white counterparts.

According to a report by the Center on the Economics of Reproductive Health, approximately one in five Black women are denied contraceptive options, and Black women are more likely to be living in poverty and are less likely to have access to reproductive health and health insurance than white women. In Chicago, Black women who carry children to viability are six times more likely to die during childbirth. Because the reproductive healthcare for women of color is more likely to be limited and substandard, BIPOC women experience higher rates of unwanted and dangerous pregnancies. These factors indicate that BIPOC women may disproportionately experience negative effects of restrictions on abortion access.

Despite the clear research, abortion has remained a contentious legal debate. The next section will discuss the legal precedent regarding abortion access.

III. SUPREME COURT PRECEDENT ON ABORTION ACCESS

The Supreme Court first upheld a legal right to some abortions based on one's fundamental right to privacy in the 1973 case of *Roe v. Wade*. In that case, Justice Blackmun acknowledged a guarantee of certain zones of privacy, including those of marriage, contraception, family relationships, and child-rearing. The Court held that only a compelling state interest could limit one's fundamental right to those zones of privacy.

The Supreme Court revisited the topic of abortion restrictions in 1992. In *Planned Parenthood of Southeastern Pennsylvania v. Casey*, the Court was asked to determine whether a spousal notification requirement before an abortion was constitutional. The Court laid out a new standard for state abortion regulations: if a regulation imposes an "undue burden" on women seeking abortions, it is unconstitutional. It defined an "undue burden" as a "substantial obstacle in the path of a woman seeking an abortion, before the fetus attains viability." Under this new standard, the Court held that the spousal notification requirement was unduly burdensome and therefore unconstitutional.

The Court applied this standard again in the 2016 case *Whole Woman's Health v. Hellerstedt*, in which it held two provisions of a law restricting abortion access were unconstitutional. One provision required physicians who perform an abortion to have admitting privileges within thirty miles of the location of the abortion procedure. The other provision required all abortion clinics to comply with standards for ambulatory surgical centers. The Court held that these provisions were both unconstitutional because they were arbitrary and imposed a substantial burden on women seeking an abortion without protecting the state's interest. It stated that neither of these restrictions lowered the risks of harm during abortions, and in a separate concurrence, Justice Ginsburg wrote that modern abortion procedures are safer compared to other procedures, including childbirth, and that these laws were far more restrictive than they were beneficial.

Despite the Court's recognition of a fundamental right to privacy and a high standard to establish constitutionality of state abortion restrictions, existing legal precedent continues to severely burden abortion access. The 1980 case *Harris v. McRae* was filed in response to the Hyde Amendment, which was passed by Congress in 1976. The Hyde Amendment effectively banned the use of federal funds for an abortion. The only exception to the Amendment is when an abortion is medically necessary to save the mother or child's life. In *McRae*, the Court determined that abortion access is not a constitutional entitlement, and that withholding an elective abortion, despite financial hardship, does not violate one's right to privacy, the Due Process Clause, or the Religion Clauses of the First Amendment. Thus, women whose medical coverage is federally funded, such as Medicaid recipients, could not use that coverage to obtain an elective abortion.

Given the historic precedent and benefits that accrue for women and children through abortion access, the Supreme Court should continue to uphold the right to privacy that safeguards abortion under *Roe* and *Casey*. Further, the Court should take the next available opportunity to reconsider its decision in *McRae*, challenging specifically whether federal restrictions on funding abortions imposes an "undue burden" on low-income women. The impact of the Hyde Amendment and other government restrictions on abortion will be explored in the next section.

IV. RESTRICTIONS ON ABORTION ACCESS

Despite the Supreme Court precedent that holds that laws placing an undue burden on women seeking abortions are unconstitutional, a majority of states across the country have multiple abortion restrictions. For example, Missouri and approximately seventeen other states ban abortion after the twenty-week pregnancy mark. In some states such as Wisconsin, parental consent is mandatory for minors to obtain abortions. Other states, such as Kentucky, require a twenty-four-hour waiting period to access a desired abortion. Finally, health insurance coverage of abortion is also restricted, both under the Affordable Care Act and some state laws.

Research indicates that the restrictions on abortion access in these states do not benefit the women and children who reside within their borders. Data from the Institute for Women's Policy Research shows that states with easier access to abortion, like Oregon and Vermont, have far lower rates of infant and mother mortality than states with very restricted

access, such as South Dakota and Louisiana. This data reveals that abortion restrictions are unduly burdensome on the health of both mother and child. Furthermore, the restrictions have a disproportionate impact on women of lower socioeconomic status who cannot afford to travel to another less restrictive state for the procedure.

As mentioned previously, there are also abortion restrictions on the federal level, such as the Hyde Amendment, that add further obstacles to women living in poverty. Medicaid, which provides healthcare to low-income Americans, cannot be used to receive an abortion unless a doctor deems it medically necessary. Due to this prohibition, women who cannot afford insurance or an abortion are stripped of their ability to receive one. This rule creates a substantial obstacle, and therefore an undue burden, on women receiving insurance through the Medicaid program. Moreover, Medicaid provides coverage to 20% of women of reproductive age, 54% of which are Black or Latinx. Given the demographics of women who depend on Medicaid, the Hyde Amendment likely has a disparate impact on abortion access for women living in poverty and women of color who are already disproportionately impacted by reproductive health inequities.

V. CONCLUSION

There are steps that can be taken at every level of government to help guarantee safe access to abortion and a woman's right to privacy and bodily autonomy. The Supreme Court should continue to uphold access to abortion and when given the chance, reconsider its previous decision in *McRae* based on the right to privacy, the substantial financial burden placed on low-income Medicaid recipients, and the precedent of *Casey* and *Roe*. Further, Congress should repeal the Hyde Amendment, and state legislatures should rethink and repeal restrictions on abortion to ensure compliance with the "undue burden" test. However, for the Hyde Amendment to be repealed, there would have to be strong Democratic control in both chambers, making the state-by-state approach more realistic at this time. Given this reality, states should proactively pass laws protecting women's access to abortion like Oregon and Maryland have recently done.

Research shows that access to abortion results in a higher quality of life for both mother and child. Prioritizing access to safe and affordable abortions is especially important for BIPOC and women living in poverty. The public should urge federal and state legislators to ensure that all women's bodily autonomy and privacy is respected, with a specific focus on equitable access. By improving and protecting abortion access for mothers, we will go a long way toward improving the living conditions and futures of children.

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